



**The State of New Hampshire
Insurance Department**
21 South Fruit Street, Suite 14
Concord NH 03301

Roger A. Sevigny
Commissioner

Alex Feldvebel
Deputy Commissioner

BULLETIN
Docket No.: INS No. 04-044-AB

TO: All New Hampshire Licensed Health Insurance Companies, Health Maintenance Organizations, Fraternal Benefit Societies and Third Party Administrators

FROM: Roger A. Sevigny
Insurance Commissioner

DATE: October 26, 2004

RE: Supplemental Reporting

Background

Pursuant to RSA Chapter 400, the Insurance Commissioner has the authority to prescribe the format and content of financial and other reports filed by licensed insurers in New Hampshire. The reports submitted by licensed carriers and other entities are required to evaluate the financial solvency of carriers operating in New Hampshire as well as to understand the characteristics of New Hampshire's insurance markets.

In 2002, the Commissioner implemented an annual statement supplemental reporting requirement, INS No. 02-021-AB. On February 24, 2004, the Commissioner issued a replacement bulletin, INS No. 04-007-AB.

Since the supplemental reporting requirements were first implemented, the Department has received a number of comments concerning the requirements. Also, the New Hampshire General Court, during its 2003 general session, adopted Senate Bill 110, which placed further data collection responsibilities on the Department.



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This bulletin is issued to address continuing concerns with the prior bulletin's specifications and with legislative requests for information.

This bulletin repeals and replaces INS No. 04-007-AB.

Changes in Requirements

The following constitute the major changes from the prior bulletin:

- Carriers writing non-creditable types of health insurance coverage are exempt from having to tabulate data records for these types of coverages.
- The Bulletin requires carriers to submit two supplemental reports in 2005. One report shall include 2004 results, the second report shall summarize 2003 results. The Department is requesting carriers to retabulate 2003 in accordance with these new specifications. The requirement to refile a 2003 report applies only to carriers who are required to tabulate data for 2004.
- Submissions will be accepted in MS Excel Workbooks instead of ASCII text files. Carriers shall use the prescribed column headings and are advised to download a template file from the Department's website.
- Carriers need not tabulate information on certificate holders beyond the policy level.
- Carriers are required to submit information detailing rating variations that reflect their underwriting.
- All carriers shall summarize their operational activities. Carriers writing or renewing individual health insurance, subject to RSA 420-G, shall also provide information on the number of declinations and the number of offers at rates above the high risk pool's rates for comparable coverage.

Applicability

All carriers licensed to write accident and health insurance in the state of New Hampshire must submit a supplemental report. A carrier is licensed to write



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accident and health insurance if it has a Paragraph 4 authorization on its New Hampshire license. All licensed TPA's must file a supplemental report. An exempt TPA, as defined pursuant to RSA 402-H:1, is not a licensed TPA and is not subject to the supplemental reporting requirement.

Group Situs Issues

Data should be reported only for policies written in New Hampshire. For example, assume a TPA administers a health benefit plan. This plan is for a New Hampshire employer and there are 250 lives associated with this employer's plan. 100 of the 250 lives are Massachusetts's residents, and the remaining 150 lives are New Hampshire residents. This TPA would need to include, in its supplemental report, information for all lives covered through this plan as they are all associated with a NH employer's health benefit plan. In another example, assume a TPA administers a health benefit plan. This plan is for a Massachusetts employer and there are 500 lives associated with this employer's plan. Half of these lives are New Hampshire residents. This TPA would not include this plan in its supplemental report, as none of the 500 lives are associated with a NH employer's health benefit plan.

Exemptions

While all carriers must submit a supplemental report, certain carriers are exempt from having to tabulate data. These carriers must file a null supplemental report. This null report must contain the required transmittal information. This reporting requirement is essentially a registration process to ensure that the Department has captured information from all carriers. There is no requirement to tabulate any other data for this type of submission.

De Minimis Exemption

Carriers writing a de minimis amount of creditable coverage are only required to submit a null supplemental report. This class of carriers includes any carrier writing less than \$250,000 in applicable accident and health insurance premiums in New Hampshire, and also includes any carrier that wrote



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creditable coverage for fewer than 2400 covered life months, e.g. 200 covered lives. In determining the number of covered lives, the carrier shall include only those lives that are affiliated with a New Hampshire employers' health benefit plan.

Creditable Coverage Exemption

Carriers writing or administering coverages that do not meet the definition of creditable coverage pursuant to RSA 420-G:2 III are only required to submit a null supplemental report.

A carrier writes creditable coverage when it issues a policy for coverage that meets the definition of creditable coverage. A carrier administers creditable coverage when it provides administrative services to either an insurer or an employer that has assumed the risk for an employer-sponsored plan that provides creditable coverage. Carriers writing stop-loss or group excess loss insurance to employers whose self-insured plans meet the definition of creditable coverage must also file a supplemental report. Throughout this bulletin, references to writing carriers shall include all of the activities referenced in this paragraph. All of these carriers must submit a supplemental report with the policy data tabulated as prescribed.

Carriers that are exempt from having to tabulate data may submit the required null supplemental report in an Excel spreadsheet; however, the carrier must use the Department's spreadsheet template if exercising this option. For further details, see the section titled "Acceptable Methods for Submission".

Due Date

Carriers are required to submit an annual supplemental report on or before April 1st summarizing the carrier's business from the immediately preceding calendar year. The 2005 Supplemental Report, e.g. the report due April 1, 2005, shall summarize the carrier's business for the two preceding calendar years, e.g. 2003 and 2004, and each year shall be separately reported.



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Definitions

- (a) "Certificate holder" shall have its usual and customary meaning for insurance writers and their written coverage. For employer sponsored group coverage, the employee or subscriber shall be the certificate holder. For individual coverage, the policyholder shall be the certificate holder. For other types of group coverage, the certificate holder shall mean the person who is the principal insured.
- (b) "Claims paid" shall be calculated as prescribed for the carrier's Statement of Revenue and Expenses, or its equivalent, which is a required component of the annual statement filing. For carriers filing the NAIC Health blank, claims paid shall be computed consistently with the amount reported on Line 15 of the Statement of Revenue and Expenses. For carriers filing the NAIC Life blank, claims paid shall be computed consistently with the amount reported on line 1.1 of Exhibit 8 Part 2. The commissioner may approve the use of a reasonable proxy upon the carrier's provision of documentation demonstrating that the use of the same does not materially distort the carrier's data submission. For third party administrators, claims paid shall mean amounts disbursed pursuant to contractual requirements.
- (c) "Covered lives" or "members" shall include all individuals, employees and dependents for which the health carrier has an obligation to adjudicate, pay or disburse claim payments. For employer sponsored group coverage, covered lives would include certificate holders and their dependents.
- (d) "Creditable coverage" shall have the same meaning as defined in RSA 420-G:2 III.
- (e) "Data" means factual information used as a basis for calculation or measurement.



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- (f) "Database" means a collection of data organized especially for search and retrieval.
- (g) "Health carrier" shall mean any licensed insurance company with a Paragraph 4 authorization on its New Hampshire license. Licensed entities include Life Insurance Companies, Property & Casualty Insurance Companies, Health Maintenance Organizations, Fraternal Benefit Societies and Non-profit Health Service Corporations. Health carrier shall also include Third Party Administrators (TPAs), including TPAs licensed pursuant to RSA 402-H. TPA's shall not include those entities authorized to act as a TPA, that are exempt from the annual reporting requirement. The exempt entities are defined in RSA 402-H:1.
- (h) "Policy" shall have its usual and customary meaning for insurance writers. For employer sponsored group coverage, where the coverage is written directly for the employer's benefit plan, the employer shall be considered the policyholder. For employer sponsored group coverage, issued to a multiple employer welfare association or a qualified association trust, each member employer shall be considered a separate policyholder. For association business, each member employer shall be considered as a separate policyholder. Third party administrators shall determine policyholders in a like manner.
- (i) "Premium" shall be calculated as prescribed for the carrier's Statement of Revenue and Expenses, or its equivalent, which is a required component of the annual statement filing. For carriers filing the NAIC's blanks, premium shall be calculated in a manner consistent with the amount reported on Schedule T. The Commissioner may approve the use of a reasonable proxy upon the carrier's provision of documentation demonstrating that the use of the same does not materially distort the carrier's data submission. For third party administrators, premium shall mean the amount of revenue collected from contracted accounts, including funds collected to provide for claims and expenses



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associated with the employer's benefit plan. For this purpose, expenses shall include those fees or charges for which the TPA is responsible as well as fees and charges the TPA collects to administer the business.

TABULATION METHODS AND ISSUES

Tabulation of Rating Information

A reporting record shall include unique combinations of the policyholder rate effective period, coverage category, market type, and policy type.

Carriers shall submit one record for each policyholder's rate effective period that begins in the reporting year. For most carriers, the rate effective period is 12 months and begins with the policyholder's anniversary date. In these instances, only one record for each policyholder will be required. Carriers that rerate policyholders more frequently than once per year shall submit multiple records for each policyholder.

Carriers shall submit one record for each type of coverage and policy type offered to the same employer, regardless if these coverage options are offered through the same policy. Carriers shall use a common policy identification code for unique employers, even if the carrier is issuing more than one policy to that employer. For example, if a carrier provides an employer with two types policies, one an HMO with low co-pays and the other an indemnity with high deductibles, the carrier shall submit two separate records with a common policy identification code.

The information described below shall be submitted in the format prescribed in Attachment A. (Carriers administering a self-insured plan may leave the factor fields blank):

- A policy identification number or code. This number will identify the policyholder to the submitting carrier but will not enable the Department to identify the policyholder. Carriers shall use the same identification number or code in subsequent years for



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renewing policyholders. These identification numbers or codes shall be unique for each policyholder.

- A coverage category code from the table affixed in Attachment B of this bulletin.
- A market code from the table affixed in Attachment C of this bulletin.
- A geographic location code from the table affixed in Attachment D of this bulletin.
- A policy type code from the table affixed in Attachment F of this bulletin.
- A rate effective date in MMDD format. This is the date, during the reporting year, on which the policyholder's rate effective period began. This will typically be the anniversary date.
- The term, in months, of the rate effective period. For most carriers this will be 12.
- The number of certificate holders or subscribers insured, administered or reinsured, as of the start of the rate effective period. For individual insurance, this number is one.
- The number of covered lives or members insured, administered or reinsured, as of the start of the rate effective period. Carriers not knowing these numbers may use approximation methods that are consistent with their pricing assumptions. Carriers using approximation methods shall provide a summary of these methods in the Notes spreadsheet. For group-sponsored insurance, this is the number of participating employees and their covered dependents.
- The demographic adjustment factor used to calculate the policyholder's premium. This is the factor based on the attained ages of the certificate holders and their dependents. Carriers that do not vary rates based on the attained ages of the certificate holders and/or covered lives shall leave this field blank.
- The membership adjustment factor used to calculate the policyholder's premium. This is the factor based on the subscriber membership or enrollment types, e.g. single employee, family, etc. The carrier's rating system may be such that this factor is embedded in the demographic factor above, in which case, this field should be left blank.



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- The step-up or conversion factor used to calculate the policyholder's premium. This factor is unique to group coverage. Carriers not using this factor shall leave this field blank.
- The group size factor used to calculate the policyholder's premium. This factor shall include the additional variation allowed when rating groups of one. This factor is unique to group coverage. Carriers not using this factor shall leave this field blank.
- The geographic location factor used to calculate the policyholder's premium. This factor is unique to group coverage. Carriers not using this factor shall leave this field blank.
- The industry factor used to calculate the policyholder's premium. This factor is unique to group coverage. Carriers not using this factor shall leave this field blank.
- The health status factor, or a factor representing the combination of all other underwriting factors not otherwise specified above, used to calculate the policyholder's premium. Carriers not using this, or any other rating factors, shall leave this field blank.
- The transition factor used to calculate the policyholder's premium. This factor only applies during rate effective periods beginning in 2004. This factor is unique to group coverage. Carriers not using this factor shall leave this field blank.
- The smoker preference factor used to calculate the policyholder's premium. This factor is not allowed in group markets. Carriers not using this factor shall leave this field blank.
- The total monthly premium for the policyholder. Carriers administering self-insured plans shall provide a proxy for this amount. For example the sum of the plan's total costs, administrative and claims, for the first month of the effective period under the administrators contract would be a suitable proxy.

Tabulation of Operational Data

Carriers shall tabulate information, in the format prescribed in Attachment A, for policies sharing certain common characteristics. The shared characteristics shall include type of coverage, type of market, and geographical location.



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Policies sharing these common characteristics, for purposes of this section, shall be referred to as a reporting class. A policy shall be considered when tabulating data by reporting class if the carrier had any exposure or administrative responsibilities for that policy during the calendar year for which the supplemental report is being prepared.

The following information shall be tabulated for each reporting class:

- Premium – The total amount of premium collected from policyholders during the calendar year. This is commonly referred to as written premium. For third party administrators, premium shall be recorded as the total revenue collected by the administrator to cover all costs associated with the plan, industry claims and administration.
- Claims – The total amount of claims paid on behalf of the policyholders in the reporting class during the calendar year for which the supplemental report is being made.
- Number of policyholder-months in the reporting class. If a carrier had 12 months of exposure for a certain policyholder, the carrier would add 12 to this field for that policyholder.
- Number of certificate holder-months in the reporting class, or subscriber-months.
- Number of covered life-months in the reporting class, or member-months.

Tabulation of Operational Data

Carriers shall provide information that summarizes their operational activities during the calendar year. In the worksheet titled OperationSummary, carriers shall provide the following information:

- The number of policies inforce at the beginning of the calendar year,
- The number of applications taken during the calendar year.
- The number of offers made during the calendar year.
- The number of offers not taken during the calendar year.
- The number of new issues during the calendar year.
- The number of lapses and terminations during the calendar year.
- The number of policies inforce at the end of the calendar year.



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Carriers writing or renewing individual health insurance, subject to RSA 420-G, shall additionally provide the following information:

- The number of applications for which no offer was made, e.g. the number of declinations.
- The number of policies, new and renewal, with rates that exceed the high risk pool's rates for comparable coverage.

This information should be consistent with the number of notices the carrier provided pursuant to RSA 420-G:5 V.

Tabulation Issues - Multiple Carriers

The Department recognizes that there may be instances where more than one carrier is involved in the administering policies to a common employer in conjunction with that employer's health insurance benefits. The Department, generally, does not want information from more than one source for any given policyholder, group or employer. The exception involves self-insured plans. For these plans, both the carrier administering the plan and the carrier writing the stop loss coverage shall submit a supplemental report.

The following guidelines clarify, in those instance when more than one carrier is involved with a single coverage event, which carrier has the responsibility to include the coverage in its tabulation.

- Data on reinsurance policies, insurance policies written by a carrier and to a carrier, shall not be tabulated and shall not be included with the required supplemental report.
- Stop-loss insurance, or group excess loss insurance, is not reinsurance. It is direct insurance and carriers writing such coverages shall be responsible for submitting information on their written policies.
- In the event that the carrier administering coverage is different than the carrier writing coverage, the writing carrier shall be responsible for submitting the required information. Carriers writing risks shall be responsible for submitting information on policies written. Carriers responsible only for the policies'



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administration shall not be responsible for tabulating data on policies that they administer when such coverages are written on another carrier's paper.

- TPAs or other carriers administering an employer sponsored health insurance benefit plan shall submit records for all self-insured plans that they administer. TPAs must file a supplemental report for this type of activity regardless of whether a stop-loss writer is filing information for the same employer.
- Similarly, the stop loss writer must file the information prescribed in this section regardless of whether a TPA, or some other carrier, is filing a supplemental report for the same employer.

Tabulation Issues – Geographic Location

The policy geographic location code shall be based on where the policyholder is located . All codes are specified in Attachment D.

Carriers shall use a county code of 'Z' to identify NH locations for which there is no county code mapped to the NH zip code that is stored by the carrier. Whenever a code of 'Z' is used, the carrier shall include a note record specifying the NH zip code for which there is no county code match.

Acceptable Methods for Estimating Data

In certain instances, a carrier may not have the information it needs to tabulate data as prescribed. For example, a carrier writing stop-loss, or group excess insurance may not know who the employer's employees are. Carriers shall provide estimates for data at the most detailed level at which the carrier keeps data. For this example, the number of certificate holders, e.g. employees, and the number of covered lives shall be estimated based on data used by the carrier to price the business.

Where carriers use estimation methods, the carrier shall include, as part of its supplemental report, an explanation in the notes section to explain why estimation methods were necessary and the methods used to generate the estimates.



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Acceptable Methods for Submission

All supplemental reports are processed electronically. Carriers are required to submit the supplemental report in an MS Excel Workbook. The Department has created templates that are available for [download](#) from the Department's website.

Please note: These are templates, xlt files. Carriers shall not edit this file and shall not submit xlt files to the Department. Instead, this file shall be used as a template for creating new spreadsheets. After downloading this file to a local directory, in Windows Explorer, right click on the downloaded file, and select New. This will create a new workbook file based on the downloaded template.

Carriers submitting a null supplemental report shall submit a Microsoft Excel Workbook using the Registration Only template. Workbooks created using the Registration Only template shall be named SNR<Company Code>.xls. For example, if the Company Code is 03295, the workbook based on the Registration Only template shall be named SNR03295.xls. For a TPA, if the TPA license number is T3295, the workbook based on the Registration Only template shall be named SNRT3295.xls.

All other carriers shall create a workbook using the Supplemental Report Excel Template. Carriers shall name the workbook SIR<cocode>.xls. The distinction is important for processing purposes.

All supplemental reports shall be transmitted via electronic mail to the Insurance Department. Supplemental Reports shall be mailed to requests@ins.nh.gov. All such correspondence shall use the following text as the subject header, "ATTN: Statistician, Insurance Department Supplemental Report".



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Confidentiality

(a) Each company or person from whom information is sought shall provide the required information to the commissioner.

(b) The Supplemental Report filed by each health carrier shall be maintained as a confidential document, but shall not be deemed to limit the commissioner's authority to use or disclose such information which the commissioner in the exercise of his/her duty may deem appropriate pursuant to RSA 400-A:25.

Any questions should be directed to David Sky, Life, Accident and Health Actuary at david.sky@ins.nh.gov.



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Attachment A
Supplemental Report Specifications

There shall be one worksheet in the workbook named "Transmittal". This is the only worksheet that is common to both the null supplemental report and the full supplemental report. The worksheet shall contain the following information.

Field Name	Field Type	Field Length	Description
Company Code	Character	5	Please be sure to enter as text, e.g. for 01234, type '01234 in the cell.
Reporting Year		4	Four-digit year for the calendar year from which this report is based.
Fiscal Year End Date		4	Use MMDD format. For most companies, this will be 1231.
Contact Person Last Name			
Contact Person First Name			
Contact Person Mailing Address Line One			
Contact Person Mailing Address			



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Field Name	Field Type	Field Length	Description
Line Two			
Contact Person Mailing City			
Contact Person Mailing 2-Letter State Abbreviation		2	
Contact Person Mailing Zip Code	Character		Use Zip+4 if available. Enter as text. See Company Code above.
Contact Person Direct Voice Phone Number	Character		If there is an extension, use the character 'x' to separate the phone number from the extension. See Company Code above.
Contact Person e-mail address			

There shall be one worksheet in the workbook called 'Notes'. The Notes worksheet shall contain an embedded MS Word document with any comments or notes that the carrier deems necessary. The Notes worksheet shall be used to relay information to the Department including, but not limited to, explanations of methods used to approximate the data and the reasons data needed to be approximated. Comments submitted in separate documents or in the e-mail transmission itself will not be processed and will not be available to the Department for review.



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One worksheet shall be called 'Rating'. The first row of the Rating worksheet shall contain these labels. Subsequent rows shall contain the data prescribed.

Column	Label	Field Type	Field Length	Description
A	Policyholder Identifier			Identification code to uniquely represent the group to the carrier; but does not identify the group to the Department
B	Coverage Category Code	Character	3	See Attachment B for Valid Codes.
C	Market Category Code	Character	3	See Attachment C for Valid Codes.
D	Policyholder Geographic Location	Character	1	See Attachment D for valid codes.
E	Policy Type	Character	2	See Attachment F for valid codes. All rules shall be entered as text. For 01, type '01.
F	Effective Period Begin Date	Date	4	MMDD
G	Length of Effective Period			In Months.
H	Number of Subscribers (Employees)			
I	Number of Members (Lives)			
J	Demographic Adjustment Factor			
K	Membership Adjustment Factor			
L	Step-Up or			



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Column	Label	Field Type	Field Length	Description
	Conversion Factor Group Only			
M	Group Size Factor			
N	Geographic Location Factor			
O	SIC or Industry Factor			
P	Health Status Factor			
Q	Transition Factor			
R	Smoker Factor			
S	Total Monthly Premium			

One worksheet shall be called 'Operation'. The first row of the Operation worksheet shall contain these labels. Subsequent rows shall contain the data prescribed.

Column	Label	Field Type	Field Length	Description
A	Coverage Category Code	Character	3	See Attachment B for Valid Codes.
B	Market Category Code	Character	3	See Attachment C for Valid Codes.
C	Policyholder Geographic Location	Character	1	See Attachment D for valid codes.
D	Premium	Number		
E	Claims	Number		
F	Number of Policyholder-Months	Number		
G	Number of Certificate Holder Months	Number		



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Column	Label	Field Type	Field Length	Description
H	Number of Covered Life Months	Number		

One worksheet shall be called 'OperationSummary'. In this worksheet, carriers shall provide the required data . This data includes the following:

1. The number of policyholders at the beginning of the calendar year.
2. The number of applications taken during the calendar year.
3. The number of offers made.
4. The number of offers not taken.
5. The number of new issues.
6. The number of lapses, including terminations.
7. The number of policyholders at the end of the calendar year.

The sum of items 1 and 5 less item 6 should equal item 7.

Individual carriers shall also provide the following information:

1. The number of applications for which the carrier declined to make an offer.
2. The number of policies quoted at a rate that is higher than the high risk pool rate.



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Attachment B
Coverage Category Codes

All coverage category character codes are exactly three characters. Carriers shall use the codes listed herein.

For stop-loss, or group excess loss insurance, carriers shall use STL.

For short-term non-renewable health insurance, as defined per RSA 415:5 III, carriers shall use a code of STN.

For indemnity-type plans, with no managed care features, carriers shall use a code of FFS, (Fee-for-Service).

For Preferred Provider Organization type plans, carriers shall use a code of PPO.

For Point of Service type plans, carriers shall use a code of POS.

For Health Maintenance Organizations managed care plans, carriers shall use a code of HMO.

For self-funded plans that are administered by a third-party administrator, where the employer has purchased stop-loss, or group excess, insurance coverage, carriers shall use a code of ASW.

For self-funded plans that are administered by a third-party administrator, where the employer has not purchased stop-loss, or group excess insurance coverage, carriers shall use a code of ASO.

Insurance sold to protect the health of Medicaid eligible individuals, generally purchased by state governments, shall not be considered major medical expense. Carriers shall report such business as other than major medical expense coverage and use the Medicaid related insurance code of MCD.

For all other types of insurance, carriers shall use a code of OTH. Carriers using the OTH code shall provide an explanation in the Notes worksheet.



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Attachment C
Market Category Codes

All market category character codes are exactly three characters. Carriers shall use the codes listed herein.

For policies sold and issued directly to individuals, other than those sold on a franchise basis, as defined per RSA 415:19, or as group conversion policies, required per RSA 415:18 VII (a), carriers shall use a code of IND.

For policies sold and issued directly to individuals on a franchise basis, as defined per RSA 415:19, carriers shall use a code of FCH.

For policies sold and issued directly to individuals as group conversion policies, as required per RSA 415:18 VII (a), carriers shall use a code of GCV.

For policies sold and issued directly to employers having exactly one employee, carriers shall use a code of GS1.

For policies sold and issued directly to employers having between two and nine employees, carriers shall use a code of GS2.

For policies sold and issued directly to employers having between 10 and 25 employees, carriers shall use a code of GS3.

For policies sold and issued directly to employers having between 26 and 50 employees, carriers shall use a code of GS4.

For policies sold and issued directly to employers having between 51 and 75 employees, carriers shall use a code of GS5.

For policies sold and issued directly to employers having between 76 and 99 employees, carriers shall use a code of GS6.

For policies sold and issued directly to small employers through a qualified association trust carriers shall use a code of GSA.

For policies sold and issued directly to employers having 100 or more employees, carriers shall use a code of GLG.

For policies sold to other types of entities, carriers shall use a code of OTH. Carriers using this market code shall provide an explanation on the Notes worksheet.



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Attachment D
County Codes

<u>County</u>	<u>County Code</u>
Belknap	B
Carroll	A
Cheshire	H
Coos	O
Grafton	G
Hillsborough	H
Merrimack	M
Rockingham	R
Strafford	T
Sullivan	U
Non-NH	Y
NH; unable to match zip code to county code	Z

Attachment D

Telephone 603-271-2261

FAX 603-271-1406

TDD Access Relay NH 1-800-735-2964

Website: www.state.nh.us/insurance



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Attachment E
Translation Table – Zip Codes to NH County Codes

From	Through	County
03031		Hillsborough
03032		Rockingham
03033		Hillsborough
03034	03042	Rockingham
03043		Hillsborough
03044		Rockingham
03045		Hillsborough
03046		Merrimack
03047	03052	Hillsborough
03053		Rockingham
03054	03071	Hillsborough
03073		Rockingham
03076		Hillsborough
03077	03079	Rockingham
03082	03086	Hillsborough
03087		Rockingham
03101	03105	Hillsborough
03106		Merrimack
03107	03111	Hillsborough
03215		Grafton
03216		Merrimack
03217		Grafton
03218	03220	Belknap
03221		Merrimack
03222	03223	Grafton
03224		Merrimack
03225	03226	Belknap
03227		Carroll
03229	03231	Merrimack
03232		Grafton
03233	03235	Merrimack
03237		Belknap

Attachment E

Telephone 603-271-2261

FAX 603-271-1406

TDD Access Relay NH 1-800-735-2964

Website: www.state.nh.us/insurance



The State of New Hampshire
Insurance Department
21 South Fruit Street, Suite 14
Concord NH 03301

Roger A. Sevigny
Commissioner

Alex Feldvebel
Deputy Commissioner

From	Through	County
03238	03241	Grafton
03242	03243	Merrimack
03244		Hillsborough
03245		Grafton
03246	03249	Belknap
03251		Grafton
03252	03253	Belknap
03254		Carroll
03255		Merrimack
03256		Belknap
03257	03258	Merrimack
03259		Carroll
03260		Merrimack
03261		Rockingham
03262		Grafton
03263		Merrimack
03264	03266	Grafton
03268		Merrimack
03269		Belknap
03272	03273	Merrimack
03274		Grafton
03275		Merrimack
03276		Belknap
03278		Merrimack
03279		Grafton
03280		Sullivan
03281		Hillsborough
03282		Grafton
03284		Sullivan
03287		Merrimack
03289		Belknap
03290	03291	Rockingham
03293		Grafton
03298	03299	Belknap
03301	03307	Merrimack

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From	Through	County
03431	03435	Cheshire
03440		Hillsborough
03441		Cheshire
03442		Hillsborough
03443	03448	Cheshire
03449		Hillsborough
03450	03457	Cheshire
03458		Hillsborough
03461	03467	Cheshire
03468		Hillsborough
03469	03470	Cheshire
03561		Grafton
03570		Coos
03574		Grafton
03575	03579	Coos
03580		Grafton
03581	03584	Coos
03585		Grafton
03587	03598	Coos
03601		Sullivan
03602		Cheshire
03603		Sullivan
03604		Cheshire
03605	03607	Sullivan
03608	03609	Cheshire
03740	03741	Grafton
03743	03746	Sullivan
03748	03750	Grafton
03751	03754	Sullivan
03755	03769	Grafton
03770		Sullivan
03771		Grafton
03772	03773	Sullivan
03774	03780	Grafton
03781	03782	Sullivan

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From	Through	County
03784	03785	Grafton
03801	03804	Rockingham
03805		Strafford
03809	03810	Belknap
03811		Rockingham
03812	03814	Carroll
03815		Strafford
03816	03818	Carroll
03819		Rockingham
03820	03825	Strafford
03826	03827	Rockingham
03830	03832	Carroll
03833		Rockingham
03835		Strafford
03836		Carroll
03837		Belknap
03838		Carroll
03839		Strafford
03840	03844	Rockingham
03845	03847	Carroll
03848		Rockingham
03849	03850	Carroll
03851	03852	Strafford
03853		Carroll
03854		Rockingham
03855		Strafford
03856	03859	Rockingham
03860		Carroll
03862		Rockingham
03864		Carroll
03865		Rockingham
03866	03869	Strafford
03870	03871	Rockingham
03872		Carroll
03873	03874	Rockingham

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Commissioner**

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Deputy Commissioner**

From	Through	County
03875		Carroll
03878		Strafford
03882	03883	Carroll
03884		Strafford
03885		Rockingham
03886		Carroll
03887		Carroll
03890	03897	Carroll

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Attachment F

Determine the policy type code based on the plan's characteristics of coverage as they fit in the grid below. Consider the policy's coverages to meet the cost sharing types indicated only if true for all covered services. Dollar amounts refer to individual coverage, not family coverage. If the plan has more than one deductible, use the highest level to determine the appropriate policy type code. If, except for the co-pays that an insured might incur, a plan has an unlimited out of pocket maximum, or no limit on the insured's out of pocket expenses, then the policy code type used shall be one that includes a check in the \$5000+ Out of Pocket Maximum characteristic.

Examples:

- A plan with co-pays, no co-insurance, no deductibles and an individual out of pocket max of \$2000 would be coded 01.
- A plan with co-pays, no co-insurance, an individual \$1500 deductible for services provided by certain in-network providers and no OOP max would be coded 08.
- A plan with a \$2500 individual deductible, co-insurance, no co-pays and an individual out of pocket max of \$10,000 would be coded 22.



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Policy Type Code	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
Plan Characteristics																												
Co-pay	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x												
Co-insurance			x	x							x	x	x	x	x	x	x	x	x	x	x	x						
Deductible \$1000 or less					x	x					x	x					x	x					x	x				
Deductible \$1001 - \$2000							x	x					x	x					x	x					x	x		
Deductible \$2001+									x	x					x	x					x	x					x	x
Out of Pocket Max \$5000 or less	x		x		x		x		x		x		x		x		x		x		x		x		x		x	
Out of Pocket Max \$5001+ more		x		x		x		x		x		x		x		x		x		x		x		x		x		x